

Home and Community Based Services Program Transition Frequently Asked Questions

What are Home and Community-Based Services Waiver Programs?

The Michigan Medicaid program offers services and supports to improve the health and well-being of Michigan residents. The Social Security Act defines the requirements for using Medicaid funding to provide these services. Some parts of the Social Security Act (such as sections 1915(b) and 1915(c)) allow states to “waive” certain requirements based upon the unique needs of each state. The Michigan Medicaid program has created several “waiver” programs to provide services to Michigan residents who have aging-related needs, disabilities, or other health issues. Individuals in these programs can receive services in their own homes and/or communities rather than in an institutional setting.

What is the Home and Community-Based Services Program Transition project?

The federal government has issued a new rule for Medicaid programs that offer home and community-based services. The Michigan Department of Community Health is working on aligning these programs with the new federal rules. The rule affects waiver programs that are authorized under section 1915 (c) of the Social Security Act as described above. The rule does not affect waiver programs that are authorized under section 1915 (b). The rule does not affect the eligibility of individuals for Medicaid benefits. Settings that provide services under the following programs will be affected by the new rule:

- MI Choice Waiver Program
- Habilitation Supports Waiver
- Children’s Waiver Program
- Children with Serious Emotional Disturbances Program
- MI Health Link Waiver (The MI Health Link Waiver is not part of the statewide transition plan. Providers for the MI Health Link Waiver must be immediately compliant with the rule.)

What is the goal of the new federal rule?

The goal of the new rule is to ensure that individuals who receive Home and Community-Based services through these waivers are a part of the community and have access to the same set of community options as people who do not receive services through these waivers.

How is Michigan responding to the Home and Community Based Services Program Transition?

The Michigan Department of Community Health developed a statewide transition plan to bring settings in these waivers into compliance with the new rule. The final plan has been posted to the project website.

Where can I find out more about Michigan’s transition?

Information about the project is posted on the Michigan Department of Community Health website at www.michigan.gov/mdch. Click on the “Health Care Coverage” tab on the left-hand side of the main page, and then click on the “Home and Community-Based Services Program Transition” link in the center of the second page. A simplified version of the draft plan is available for your review on the next page.

How can I contact the Michigan Department of Community Health to receive more information?

For more information or if you have additional questions, please email HCBSTransition@michigan.gov.

Timeline of Key Dates

November 24, 2014 – December 24, 2014	Public comment on the Statewide Plan.
January 16, 2015	Submission of Statewide Plan to the Centers for Medicare and Medicaid Services. Stakeholders will receive a copy of the statewide plan and consultation summary on this date.
January 26, 2015 – February 24, 2015	Tentative time period for public review of the assessment tool. These dates may be subject to change.
March 1, 2015	Release of final assessment tool to stakeholders. Start of assessment process for the MI Health Link Waiver.
April 1, 2015	Start of the assessment process for the Habilitations Supports Waiver and MI Choice Waiver.
June 1, 2016 – December 31, 2016	Time period for submitting evidence to prove “Home and Community-Based” status. The Centers for Medicare and Medicaid Services identifies certain settings that are “presumed not to be Home and Community-Based.” MDCH can accept and submit evidence from these settings for review and notification of final status determination by the Centers for Medicare and Medicaid Services. MDCH will provide additional details about this process to stakeholders at a later date.
December 1, 2015 – June 30, 2016	Development of the remediation strategy for the MI Choice Waiver and Habilitation Supports Waiver.
October 1, 2016 – September 30, 2018	Remediation process for non-compliant settings. Individual settings must to come into compliance with the rule by September 30, 2018.
January 1, 2016 – March 17, 2019	MDCH will be prepared to offer assistance to individuals who would like to transition to a compliant setting.